

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	reject G		07-24-01
FORMALITY REVIEW	Ch	1115	09. 02. 01
RESPONSE FORMALITY REVIEW	A.T	1071	12/20/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

BEST AVAILABLE CO

Claim	Date
Final	
Original	
1	12/1/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here